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**MEMORANDUM OF UNDERSTANDING**

**BETWEEN**

**THE MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY  
AND CHILDREN (MOHCDGEC)**

**AND**

**PRESIDENT'S OFFICE, REGIONAL ADMINISTRATION AND LOCAL  
GOVERNMENT (PO-RALG)**

**AND**

**THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT IN  
TANZANIA (USAID)**

**REGARDING**

**IMPLEMENTATION OF TUBERCULOSIS (TB) CONTROL, PREVENTION,  
TREATMENT AND CARE MEASURES**

**MEMORANDUM OF UNDERSTANDING (MOU)**

This Memorandum of Understanding (MOU) is between the Ministry of Health, Community Development, Gender, Elderly and Children, with principal address at the Government City, Mtumba, P.O. Box 743, 40478 – DODOMA, (*hereinafter referred to as MOHCDGEC*); the President’s Office, Regional Administration and Local Government (*hereinafter referred to as PO-RALG*), with principal address at the Government City, P.O. Box 1923 – DODOMA and the United States Agency for International Development in Tanzania, with principal address at 686 Old Bagamoyo Road, Msasani – DAR ES SALAAM (*hereinafter referred to as USAID*); collectively, the “Participants.”

**WHEREAS**, this MOU is made with recognition of the terms of the August 1, 2016, Strategic Assistance Agreement and the 1968 Tanzania Economic and Technical Cooperation Agreement, as well as other bilateral assistance agreements between the Government of Tanzania (GOT) and the United States.

**WHEREAS**, this MOU outlines an implementation framework within which USAID intends to provide, subject to availability of funds, via separate financial (grants/projects), technical and operational assistance to the Government of Tanzania (MOHCDGEC and PO-RALG), local partners, communities and the private sector to improve Tuberculosis (TB) control and strengthen health systems and build sustainability through various projects and partners, technical support to the MOHCDGEC’s National TB and Leprosy Control Program (NtLP) to provide policy, technical guidance and resource mobilization to improve TB control.

**WHEREAS**, The MOHCDGEC and PO-RALG collaborate with various International and local development partners to implement TB control, prevention, and care measures. The mission of MoHCDGEC through NtLP and PO-RALG is to provide high-quality, effective interventions for TB care and control in Tanzania. Through these efforts, the NtLP and PO-RALG contribute to the country’s wider efforts to meet the goals of Vision 2025 and the National Strategy for Growth and Reduction of Poverty, and the Sustainable Development Goals, which have set clear targets. To deliver effective TB care and control services, the NtLP works closely with other units and programs within the MOHCDGEC and PO-RALG and related sectoral Ministries and Departments and implementing partners, development partners, and private health care providers.

**AND WHEREAS**, Tanzania has endorsed the September 2018, United Nations General Assembly declaration to end TB by 2030. The country is therefore committed to achieve the United Nations High Level Meeting (UNHLM) targets;

**NOW, THEREFORE**, MOHCDGEC, PO-RALG and USAID (*each a “Participant” and together the “Participants”*) desire to express their understandings and intentions to cooperate regarding implementation of TB control, prevention, and care measures as follows:

## 1.0 GOAL AND NATURE OF THE MOU

- 1.1 The purpose of this MOU is to provide a framework for collaboration with each other regarding the said activity by expressing the intended roles of each Participant.
- 1.2 To establish an alignment between the GOT that includes MOHCDGEC and PO-RALG and USAID (the "Participants") to jointly reaffirm respective commitments to combating TB in Tanzania, and to align expectations related to a joint approach to achieve the objectives and targets to which Tanzania is committed.
- 1.3 To describe the respective roles and responsibilities that each Participant intends to support for the achievement of this purpose, subject to the availability of funds and each Participant's applicable laws and regulations. In particular, the Participants expect that the targets and objectives towards combating TB in Tanzania will be achieved only by accelerating implementation of the national strategy and by speeding up the current pace of implementation. Therefore, the Participants intend to work toward scaling up the implementation of highly effective, strategic interventions, including in the areas of service delivery, policy development and implementation, leadership, supervision, supply chain logistics, operational research, improved data for decision making and robust monitoring and evaluation systems that contribute to detecting and diagnosing TB, reducing the TB burden, and ending the spread of multidrug resistant (MDR-TB).
- 1.4 To describe the approaches that USAID intends to support, subject to availability of funds, via technical and operational assistance to the MOHCDGEC National TB Program PO-RALG, local community partners and private sector.
- 1.5 To define the process, objectives, and approaches for MOHCDGEC, PO-RALG and USAID's joint expression of intent to combat TB in Tanzania. This document is intended to serve as a tool for the country to negotiate funding through the USAID Global Accelerator to end TB. Upon approval of funding, USAID intends to notify government Participants including the Ministry of Finance and Planning on the available resource to plan for TB interventions. This new business model is expected to be governed by collaborative efforts in planning, budgeting and reporting based on country priorities.
- 1.6 Finally, to describe the process by which the interventions implemented under this MOU are expected to be established.
- 1.7 This MOU does not create legally binding obligations.

## 2.0 BACKGROUND

### TB situation analysis in Tanzania

Tanzania ranks among the 30 highest TB burden countries in the world. According to WHO's 2018 Global Tuberculosis Report, TB incidence in Tanzania was 269 per 100,000; this means 154,000 people were infected with TB in 2017. In the same year, only 69,818 (45.3%) TB cases were reported. WHO estimates that, in Tanzania, TB caused 27,000 deaths in 2017, equivalent to 70 deaths every day. The country is estimated to have an annual incidence of 1700 cases of drug-resistant pulmonary TB, but detection and notification are as low as 25%. About one-third of reported TB cases are also co-infected with HIV. As in many other low-income countries with high TB disease burdens, Tanzania's investments to combat TB are less than current requirements, making it difficult to find and treat all people who fall sick from TB.

On the technical front, NTLP is currently implementing the five-year National TB and Leprosy Control Strategic Plan (2015–2020), which aims at reducing new TB infections by 20%, and TB-related mortality by 35%, by 2020. Over time the program has achieved some success. For instance, in 2018, the country was able to surpass the case notification target by reaching 75,845 cases, achieving a 22% increase over 2017. Similarly, there has been a 153% increase in the notification of multidrug-resistant TB (MDR-TB) cases between 2015 and 2018.

### USAID contribution to TB care and prevention

USAID has supported Tanzania TB control activities since 2003. Through this support, there has been significant improvement in TB control activities, including the adoption of collaborative TB/HIV interventions, increasing the proportion of TB patients with known HIV status from 48.9% in 2006 to 98% in 2017, and increasing TB patients receiving HIV/AIDS treatment from 22.3% in 2006 to 95% in 2017. USAID's support has strengthened laboratory capacity with modern diagnostic tools, including the capacity to detect MDR-TB. USAID has also provided technical support in the coordination and implementation of the Global Fund grant.

USG support is most successful when coupled and aligned with strong commitments from other governments and partners. To accelerate action, USAID has announced a new innovative model, "The Global Accelerator to End Tuberculosis" to leverage additional resources from countries, private sector partners, and other local organizations to meet the UN target of treating 40 million people by 2022. It intends to focus on the countries with high burdens of TB in which USAID already has existing partnerships and align with local communities and partners to deliver performance-based results towards the global target.

### **3.0 OBJECTIVES**

**MOHCDGEC, PO-RALG, and USAID** intend to work together in a joint approach to achieve the following objectives:

- 3.1 Strengthen availability and universal access to quality and effective TB diagnostic services in the country;
- 3.2 Ensure universal access to quality TB care and treatment services, including access to TB medicines, to sustain the treatment success rate at a level of 90% or more;
- 3.3 Strengthen implementation of integrated, people-centered prevention, diagnosis, treatment and care of TB, including community-based health service delivery and private sector engagement;
- 3.4 Strengthen national capacity for the use and analysis of TB data, to ensure that collective knowledge is transformed into effective and timely action;
- 3.5 Scale-up access to TB preventive treatment, with a focus on those most at risk of falling ill with TB (children below 5 years, PLHIV, and contacts of patients with active TB disease);
- 3.6 Enhance TB prevention strategies through health promotion across the country;
- 3.7 Increase multisectoral collaboration between TB and HIV programs and across health and other sectors to ensure universal access to integrated prevention, diagnosis, treatment and care services; and
- 3.8 Develop and implement innovative approaches, including needs-driven research, for improving TB prevention, case finding, treatment and care.

**SPECIFICALLY, THESE EFFORTS AIM AT ACHIEVING THE FOLLOWING UNHLM TARGETS:**

- 3.9 Diagnose and treat 561,100 people with TB from 2018 to 2022, including 72,600 children, and 3,963 people with MDR-TB;
- 3.10 Ensure 100% of TB patients are tested for HIV and those who test positive are promptly initiated on ART; and
- 3.11 Ensure 100% of eligible PLHIV are enrolled in TB preventive therapy.

#### **4.0 KEY TECHNICAL AREAS**

To achieve these objectives, a substantial number of interventions are needed in multiple technical areas. These approaches are intended to be client-centered, using the concept of a continuum of care, starting from the household, the community and through the facility at all entry points where TB client identification takes place. Identification and confirmation of TB and MDR-TB will receive special attention, followed by initiation of treatment and follow-up until treatment completion. It is understood that the specific approaches outlined below may be altered based on new evidence, and that they are intended to assist in reaching the national priorities. With this understanding and flexibility in mind, the Participants intend to make a good faith effort to jointly address the following key technical areas that are critical to ending TB in Tanzania:

- 4.1 Enhance the leadership and technical capacity of the TB program at national and sub-national levels;
- 4.2 Strengthen TB laboratory diagnostic services;
- 4.3 Improve programmatic management of the decentralized MDR-TB program;
- 4.4 With the close engagement of Global Fund, Global Drug Facility and Medical Store Department, strengthen TB commodities Procurement and Supply Chain Management system;
- 4.5 Strengthen private sector engagement and community TB systems for TB control;
- 4.6 Enhance TB monitoring and evaluation systems and health management information systems, and improve data collection, analysis, reporting and use of data for decision making; and
- 4.7 Enhance results monitoring, evaluation and operations research by establishing collaboration between NTLF, Universities and Research Institutions, and monitoring the rapid adoption of new tools and guidelines.

#### **5.0 ROLES AND RESPONSIBILITIES**

The Participants express their intention to:

- 5.1 Fulfill their roles for successful implementation of the MOU at all times;
- 5.2 Jointly plan locally driven interventions, monitoring and evaluation;
- 5.3 Work in close collaboration to implement a unified national response in collaboration with the Global Fund, PEPFAR, Global Drug Facility and other development partners, implementing partners, and CSOs in Tanzania;
- 5.4 Establish a framework to monitor progress, share information, review learning, adapt actions as necessary, and evaluate and report on progress;

- 5.5 Meet on a regular basis (e.g. quarterly, semi-annual or annually) to define the specific activities to be undertaken, review performance, and provide the required guidance to the implementing partners; and
- 5.6 Jointly plan and organize any launch or dissemination events related to the activities mentioned above.

**6.0 THE FOLLOWING SECTION DESCRIBES THE INDIVIDUAL ROLES AND RESPONSIBILITIES OF THE PARTICIPANTS:**

In support of the aforementioned joint expression of intent to achieve the objectives outlined above, MOHCDGEC intends to:

- 6.1 Coordinate and supervise, in collaboration with PO-RALG, RHMTs, CHMTs, and partners to ensure that TB and TB/HIV interventions are implemented according to national policies, strategies and guidelines;
- 6.2 Provide overall technical leadership and guidance on TB control including monitoring and evaluation;
- 6.3 Advocate and mobilize the necessary resources (human and financial) for the TB program;
- 6.4 Ensure uninterrupted supply of quality-assured TB medicines and commodities by conducting timely quantification and forecasting;
- 6.5 Build capacity of implementers including RHMTs, CHMTs, private and community structures in TB control through training, mentorship and supportive supervision;
- 6.6 Organize, in collaboration with partners, dissemination and publication of success stories, lessons learned, and good practices from field implementation experiences;
- 6.7 Increase awareness on TB and advocate for multi-sectoral engagement in TB control at all levels;
- 6.8 Advocate for implementation of policy guidelines that ensure TB patients are protected from financial hardships;
- 6.9 Collaborate with other stakeholders including Ministries, Department and Agencies, private sector organizations, development and implementing partners, CSOs, communities and individuals to end the TB epidemic in Tanzania;
- 6.10 Convene a high-level group (such as an Inter-Ministerial Task Force on TB Control) to establish and monitor a Multisectoral Accountability Framework for TB involving all key stakeholders;
- 6.11 Convene, participate in, and document a joint annual action planning process between MOHCDGEC, PO-RALG, all other relevant partners, and USAID to assess results and to agree to interventions by government and USAID-funded activities on an annual basis;

- 6.12 Share routine TB data to inform program improvement to further the joint objectives outlined in this Memorandum of Understanding; and
- 6.13 Convene a quarterly meeting to jointly review performance data, technical reports and accountability records with USAID for activities that involve USAID commodities or technical assistance.

#### **7.0 THE INTENDED ROLES OF PO-RALG ARE AS FOLLOWS:**

The President's Office Regional Administration and Local Government (PO-RALG) will support the translation of health policies, the coordination and supervision of the implementation of TB activities in regions and districts, and work through local councils. PO-RALG will carry out critical assessments of human resource requirements, and facilitate effective recruitment, deployment and retention of qualified and skilled health workers at health facilities to implement TB interventions. They will execute contracts that clearly delineate conditions of current engagement and a transition plan to LGA support to ensure that interventions are adopted by local government. PO-RALG intends to facilitate effective recruitment and deployment of skilled health workers at health facilities in collaboration with MOHCDGEC to:

- 7.1 Lead joint action planning processes between regions, councils and all other relevant partners, to assess results and to agree to interventions by government and USAID-funded activities on a regular basis;
- 7.2 Increase awareness of TB among local leaders and communities;
- 7.3 Collaborate with various stakeholders at all national and sub-national levels to develop and oversee the implementation of TB plans;
- 7.4 Ensure that key interventions for TB control are included in the regional plans, Comprehensive Council Health Plan and Health Facility plans;
- 7.5 Build the capacity of facility and community-based health care workers, community committees and structures in TB, TB/HIV control through training, mentorship and supportive supervision;
- 7.6 Ensure timely reporting and requisition of quality-assured TB medicines and commodities to avoid stock out of commodities at health facilities;
- 7.7 Collaborate and coordinate other stakeholders including implementing partners, CSOs, communities and individuals to implement TB control interventions;
- 7.8 Coordinate and supervise implementing partners, local organization networks on planning, budgeting implementation and reporting according to locally driven priorities;
- 7.9 Increase access to quality TB diagnostic services by ensuring an adequate number of health facilities within designated catchment areas are equipped with the appropriate capacity to diagnose TB;

- 7.10 Strengthen sputum specimen referral for molecular diagnosis, culture, and sensitivity testing;
- 7.11 Support and facilitate the implementation of health and social protection systems to ensure that TB patients do not suffer from financial hardships (e.g. support transport cost, nutritional support, follow up test and access to health insurance);
- 7.12 Jointly coordinate monitoring of performance around key TB indicators (including case detection and treatment outcomes);
- 7.13 Develop TB action plans and targets that adequately respond to the accurate TB burden in all regions, districts and health facilities in line with the national plans; and
- 7.14 Coordinate together with **MOHCDGEC** a quarterly implementation meeting to jointly review performance data, technical reports and service records.

## **8.0 THE INTENDED ROLES OF USAID ARE AS FOLLOWS:**

In support of the aforementioned joint expression of intention to achieve the objectives outlined above, **USAID** intends to:

- 8.1 Provide technical and financial assistance subject to the applicable laws and regulations as required to achieve the objectives of this partnership;
- 8.2 Participate in a joint annual action planning and review in collaboration with **MOHCDGEC**, **PO-RALG**, and all other relevant partners;
- 8.3 Facilitate the availability of appropriate human resources to support implementation of TB control on a contract basis within the **MOHCDGEC** and **PO-RALG**;
- 8.4 Assist with the improvement of monitoring and evaluation systems and collection of quality data and analysis at all levels;
- 8.5 Support **PO-RALG** and **MOHCDGEC** with equipment and supplies needed to accomplish the objectives of this partnership;
- 8.6 Instruct its implementing partners to report on project progress, challenges, and results to the government;
- 8.7 Strengthen TB laboratory network and diagnostic services (e.g. supporting functionality and utilization of GeneXpert and other diagnostic equipment);
- 8.8 Upgrade of existing infrastructure, support establishment of new infrastructure and diagnostic technologies for Drug Susceptible and Drug-Resistant TB;
- 8.9 Strengthen the Central Tuberculosis Reference Laboratory;
- 8.10 Expansion of the GeneXpert network;

- 8.11 Institute a clinical mentoring program to support implementation of programmatic management of MDR-TB in health facilities;
- 8.12 Enroll MDR-TB patients in social protection schemes (e.g. support transport cost, nutritional support and follow up test).
- 8.13 Support country transition to move to a non-injectable regimen for management of MDR-TB;
- 8.14 Ensure uninterrupted availability of commodities that have acceptable international quality assurance by filling identified gaps;
- 8.15 Support **MOHCDGEC** and **PO-RALG** and other implementing partners in the implementation of multisectoral collaboration (Stop TB Partnership) including development and implementation of the Accountability Framework for TB;
- 8.16 Support **MOHCDGEC**, **PO-RALG** and implementing partners in the implementation of TB case finding interventions at public and private health facilities and communities and ensure all presumptive cases are appropriately linked to TB diagnostic and care services;
- 8.17 Support **MOHCDGEC**, **PO-RALG** and implementing partners in the collection of quality TB data, use of data, regular review, supportive supervision and mentorship for program improvement; and
- 8.18 Facilitate **MOHCDGEC** to develop the inter-Ministerial task force committee and M&E plan to oversee the implementation of this **MOU**.

## **9.0 MONITORING AND EVALUATION PLAN**

The activities outlined in this **MOU** should be monitored on a quarterly basis at the Inter-Ministerial Task Force meeting. Within six months of this **MOU**, the Participants should complete a Monitoring and Evaluation (M&E) plan which describes the approaches for ensuring effective implementation and achievement of results. The M&E plan should identify appropriate indicators for each level of the results framework; show data sources and describe how the data is expected to be collected and collated to regularly inform performance. The proposed plan should provide preliminary five-year performance indicator targets which should be reviewed and possibly revised during implementation discussions. This M&E plan should not be a standalone plan but build on the existing **MOHCDGEC** and **PO-RALG** M&E plan and routine reporting systems.

## **10.0 COMMENCEMENT AND DURATION**

This **MOU** becomes operative on the date of its signing by the Participants and is intended to continue until completion or unless discontinued by written notice by a Participant. A Participant should provide at least 60 days' notice of termination, if circumstances permit.

## 11.0 REVIEW AND MODIFICATION OF MOU

The Participants may modify this MOU in writing signed by all Participants.

## 12.0 CONFIDENTIALITY

The Participants should ensure confidentiality of the documents, information and other data exchanged during the implementation of this MOU.

## 13.0 ASSIGNMENT OF MOU

Participants may not transfer or assign this MOU.

## 14.0 DISAGREEMENTS

If any disagreement arises between the Participants as to the interpretation, application or implementation of this MOU, the Participants intend to resolve the disagreement amicably through dialogue and consultation. The MOU is not legally enforceable.

## 15.0 NOTICE

Any notice given under the terms of this MOU should be in writing and delivered by registered post, fax, or e-mail addressed to the participant for whom it is intended at his known address.

The following addresses are intended to be used:

**Dr. Zaid A. S. Chaula**  
Permanent Secretary  
Ministry of Health, Community Development, Gender, Elderly and Children  
P.O. Box 43, Dodoma  
Tel: +255 26 2323267; email: [ps@afya.go.tz](mailto:ps@afya.go.tz)

**Eng. Joseph M. Nyamhanga**  
Permanent Secretary  
President's Office- Regional Administration and Local Government  
P.O. Box 1923, Dodoma  
Tel: +255 26 2321607; email: [ps@tamisemi.go.tz](mailto:ps@tamisemi.go.tz)

**Andrew Karas**  
Mission Director  
U.S. Agency for International Development  
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686 Old Bagamoyo Road, Msasani  
Tel: 255 22 2294490/ Fax: 255 22 2294421; email: [akaras@usaid.gov](mailto:akaras@usaid.gov)

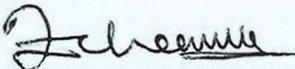
Participants are strongly encouraged to communicate verbally regarding their intent to provide a particular written notice and the intended content of that notice to avoid surprise.

**16.0 Cooperation**

The Participants intend to cooperate and support the implementation of the activity in the spirit of this MOU unless it is earlier discontinued or modified by the Participants.

The Participants, each acting through their duly authorized representatives, have signed this MOU as of this ..... 17<sup>th</sup> ..... day of .. October .., 2019.

**For the Ministry of Health, Community Development,  
Gender, Eiderly and Children**

  
\_\_\_\_\_  
**Dr. Zainab A. S. Chaula**  
Permanent Secretary

**In the presence of:**  
Signature   
Name RATIYU A. MASHOMBO  
Designation Senior legal officer

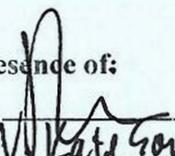
**For President's Office –  
Regional Administration and Local Government**

  
\_\_\_\_\_  
**Eng. Joseph M. Nyambanga**  
Permanent Secretary

**In the presence of:**  
Signature   
Name NTULI A. KAPOLONGO  
Designation DIRECTOR

**For U.S. Agency for International  
Development – Tanzania**

  
\_\_\_\_\_  
**Mr. Andrew Karas**  
Mission Director  
17/10/19

**In the presence of:**  
Signature   
Name V. Kate Gomvaysi  
Designation: Deputy Mission Director